



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/936,723
Filing Date	March 1, 2002
First Named Inventor	Martin CALDWELL
Group Art Unit	3731
Examiner Name	Gwen G. Phanijphand
Attorney Docket Number	1890-0019

Total Number of Pages in This Sub	ibmission	Attorney Docket Number	1890-0019						
ENCLOSURES (check all that apply)									
Fee Transmittal Form  Fee Attached  Amendment / Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Stateme  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	t Change t CD, Nu Remarks	ng-related Papers  a to Convert to a Provisional ation of Attorney, Revocation of Correspondence Address al Disclaimer at for Refund amber of CD(s)  The Commissioner is a additional fees required or correspondence or correspondence.	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information CEIVED Status Letter NOV 1 8 2003 identify belopic CHNOLOGY CENTER 3370  Thereby authorized to charge any credit any overpayments to Deposit e above identified docket number.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm or Individual name  Jerome W. Massie, Reg. No. 48,118 Nixon Peabody LLP 401 9th Street, N.W. Suite 900 Washington, D.C. 20004-2128  Signature  Date  November 7, 2003									
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Name (Print/Type) Signature		•	Date						

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## FEE TRANSMITTAL Complete if Known plication Number 09/936,723 Filing Date March 1, 2002 for FY 2004 Martin CALDWELL First Named Inventor Patent fees are subject to annual revision. Gwen G. Phanijphand **Examiner Name** 3731 Applicant claims small entity status. See 37 CFR 1.27 Art Unit

TOTAL AMOUNT OF PAYMENT (\$) 655.00			Attorney Docket No. 1890-			18	890-0019	<u>-</u>		
METHOD OF PAYMENT (check all that apply)				FEE CAL			E CALCULATION (continued)			
Check Card Card Money Other None			3. A	3. ADDITIONAL FEES NOV 1				93		
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Deposit				1053	130	1053	130	sheet Non-English specification		
Account	Nixor	n Peabody L	LP	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
Name				1804	920*	1804	920*	Requesting publication of SIR prior to Examiner		
The Director is		ized to: (check a	all that apply)  Credit any overpayments	1805	1,840*	1805	1,840*	action Requesting publication of SIR after Examiner		
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1. BASIC FIL		_	1011	1255	2,010	2255	1,005	Extension for reply within fifth month	─ <b>│</b>	
Large Entity	Small			1401	330	2401	165	Notice of Appeal	<del>-</del>	
Fee Fee	Fee	Fee Fee Des	cription E D-id	1402	330	2402	165	Filing a brief in support of an appeal	_	
Code (\$)	Code	(8)	Fee Paid	1403	290	2403	145	Request for oral hearing		
1001 770	2001	385 Utility fi	iling fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1002 340	2002	•	filing fee	1452	110	2452	55	Petition to revive – unavoidable		
1003 530	2003	265 Plant file		1453	1,330	2453	665	Petition to revive – unintentional		
1004 770	2004	385 Reissue	filing fee	1501	1,330	2501	665	Utility issue fee (or reissue)		
1005 160	2005	80 Provisio	nal filing fee	1502	480	2502	240	Design issue fee		
				1503	640	2503	320	Plant issue fee		
		SUBTOTAL (1	(\$)	1460 1807	130 50	1460	130 50	Petitions to the Commissioner		
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2. EXTRACE	ZZKIIVI F L	LES FOR OTTE	Fee from	8021	40	8021	40	Recording each patent assignment per property	<del>-</del>	
Total Claims	9 -2	Extra Claim	s below Fee Paid X =	1809	770	2809	385	(times number of properties) Filing a submission after final rejection	<b></b>	
			,					(37 CFR 1.129(a))		
Independent Claims	2 -	3** = 0	^	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	_	
Multiple Depende	ent		x =	1801	770	2801	385	Request for Continued Examination (RCE)		
Large Entity Fee Fee	Small Fee		cription	1802	900	1802	900	Request for expedited examination of a design application		
Code (\$)	Code		eripeiox	Other	fee (speci	fy)		,		
1202 18	2202	9 Claims i	in excess of 20	l			E D.:		<u> </u>	
1201 86	2201		dent claims in excess of 3	*Real	icea by Ba	asic Filir	ng Fee Paid	SUBTOTAL (3) (\$) 655		
1203 290	2203	-	dependent claim, if not paid			C	ERTIFICA	TE OF MAILING OR TRANSMISSION		
1204 86	2204		sue independent claims over nal patent					spondence is being deposited with the United States Postal		
1205 18	2205		sue claims in excess of 20 over original patent	Patent	s, P.O. Bo	x 1450,	postage as first class mail in an envelope addressed to: Commissioner for , Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent			
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SUBMITTED BY								Complete (if applicable)		
Name (Print/Type) Jerome W. Massie				tration N ney/Age		48,118	8 Telephone (202) 585-8000			
Signature ferme WMG					7			Date November 7, 2003	3	
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